



State of Maine
DEPARTMENT OF HUMAN SERVICES
BOARD OF LICENSURE OF WATER SYSTEM OPERATORS
11 State House Station
Augusta, Maine 04333-0011

TEL: (207) 287-5699 TTY: (207) 287-5550
FAX: (207) 287-4172

Application for Licensure of
Water Treatment and Distribution System Operators

Instructions - Please read carefully before completing this Application.

1. Applications for examination must be postmarked no later than the application deadline set by the Board (Approximately 45 days prior to the examination date). Applications postmarked after that time will be returned.
2. Complete all requested information neatly. Incomplete or illegible forms will be returned.
3. Refer to the Rules Relating to the Licensure of Water Treatment Plant and Distribution System Operators (Rules) for general information and specific requirements for each classification level. www.medwp.com
4. Any person holding a valid license or certificate in another state or country may apply for "Reciprocity" and be issued a Maine license in a comparable classification without examination. The education and experience requirements must meet Maine requirements.
5. Show all dates as month and year (example 10/02).
6. Additional information may be submitted on 8 ½ x 11 paper.
7. **EDUCATION:** For additional education credit beyond high school, show all education related to water treatment and distribution and related fields. If no degree or certificate was issued, attach transcripts of courses completed.
8. **EXPERIENCE:** List most recent employment first. Qualifying experience includes actual work at a public water system or related disciplines. See the Rules for details. Be sure to describe exactly what your duties and responsibilities were in each position.
9. Please be sure that your application is notarized and that the fee is enclosed before submitting it. **A fee of \$50.00 for each examination requested must accompany each application.** *Make checks or money orders payable to: Treasurer, State of Maine.*
10. Beginning January 2003, operators working at water systems with a population under 3,300 persons, will have the \$50.00 examination fee waived for up to three exams. The three exams do not have to be taken at the same time. Call the Board Clerk at the phone number above with eligibility questions. The fee waiver program expires in October 2008.

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1. Complete all requested information neatly. Incomplete or illegible forms will be returned.
2. Date of Application _____
3. I _____ do hereby apply for licensure as a Water System
(Print Name in full - as to appear in license) Operator in the State of Maine under 90 - 429 CMR 1.

GENERAL INFORMATION

1. Mailing Address: _____
(Number) (Street) (City/Town) (State) (Zip)
2. Telephone: _____
3. Name of Public Water System(s) Employed by: _____
4. Business Mailing Address _____
(Number) (Street) (City/Town) (State) (Zip)
5. Business Telephone: _____
6. Social Security Number: _____ - _____ - _____
7. Address for sending License and notices: ☐ Home ☐ Business
8. Are you currently licensed as a water operator in Maine? ☐ YES ☐ NO If yes:
 - a. License No. _____
 - b. Classification _____
 - c. Expiration Date: _____

EXAMINATION

1. Classification being requested by examination (check all that apply - see Rules for requirements for each classification):

Operator-in-Training License

- ☐ Very Small Water System
- ☐ Water Treatment System Class I ☐ Water Distribution System Class I

Standard License

- ☐ Very Small Water System
- ☐ Water Treatment System Class I ☐ Water Distribution System Class I
- ☐ Water Treatment System Class II ☐ Water Distribution System Class II
- ☐ Water Treatment System Class III ☐ Water Distribution System Class III
- ☐ Water Treatment System Class IV ☐ Water Distribution System Class IV

(Note: Fee waived for eligible operators. See Instructions on page 1)

RECIPROCITY

EDUCATION

[illegible]

For Board use only

(List most recent employment first. List qualifying experience only)

Name & Address of Employer	Dates Employed		Job Title and Duties (please detail duties as related to water system operation):
	From	To	

(Signature of Applicant)

My Commission Expires: _____

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